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COMPANY:	USPTO Art Unit 2632	DATE:	TUESDAY, OCTOBER 4, 2005
FAX NUMBER:	571 273 8300	TOTAL NO. OF PAGES INCLUDING COVER:	20
PHONE NUMBER:		SENDER'S REFERENCE NUMBER:	022.0017X1 (1492X1)
RE:	RESPONSE & AMENDMENT	REFERENCE NUMBER:	10/803,191
NOTES/COMMENTS:			

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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/803,191	
	Filing Date	March 16, 2004	
	First Named Inventor	Raj Bridgelall	
	Art Unit	2632	
	Examiner Name	Nguyen, Phung	
Total Number of Pages in This Submission	19	Attorney Docket Number	022.0017X1 (1492X1)

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> Response & Amendment <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawings(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Erin P. Madill, Reg. No. 46,893
Signature	<i>Erin P. Madill</i>
Date	October 4, 2005

CERTIFICATE OF TRANSMISSION/MAILING			
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Type or printed name	Erin P. Madill, Reg. No. 46,893		
Signature	<i>Erin P. Madill</i>	Date	October 4, 2005

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